

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000052389

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC9037692457**

**Entity Name:** MERIDIAN CLINICAL LABORATORY CORP.

**Current Principal Place of Business:**

481 EDWARD H ROSS DRIVE  
ELMWOOD PARK, NJ 07407

**Current Mailing Address:**

481 EDWARD H. ROSS DR.  
ACCOUNTING DEPT.  
ELMWOOD PARK, NJ 07407 US

**FEI Number:** 65-1014344

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** DONNA MOCH

01/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HENDERSON, GREGORY S  
Address        481 EDWARD H. ROSS DR.  
                  ACCOUNTING DEPT.  
City-State-Zip: ELMWOOD PARK NJ 07407

Title            VP, TREASURER  
Name            LOGAL, ADAM  
Address        4400 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title            VP  
Name            RUBIN, STEVEN D  
Address        4400 BISCAYNE BLVD.  
City-State-Zip: MIAMI FL 33137

Title            VP, MANAGING DIRECTOR  
Name            SOLOMON, BENJAMIN  
Address        481 EDWARD H. ROSS DR.  
City-State-Zip: ELMWOOD PARK NJ 07407

Title            SECRETARY  
Name            INMAN, KATE  
Address        481 EDWARD H. ROSS DR.  
                  ACCOUNTING DEPT.  
City-State-Zip: ELMWOOD PARK NJ 07407

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DR. GREGORY HENDERSON

PRESIDENT

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date